BOSTON UNIVERSITY

SCHOOL OF SOCIAL WORK

SOME SOCIALLY SIGNIFICANT FACTORS IN THE INCIDENCE OF MENTAL DEFICIENCY AMONG PATIENTS ADMITTED TO THE DANVERS STATE HOSPITAL BETWEEN OCTOBER 1, 1938 AND SEPTEMBER 30, 1940.

A Thesis

submitted by

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in partial fulfilment of requirements for
the degree of Master of Science in Social Service
1941

School of Social Work
Nov. 17, 1941
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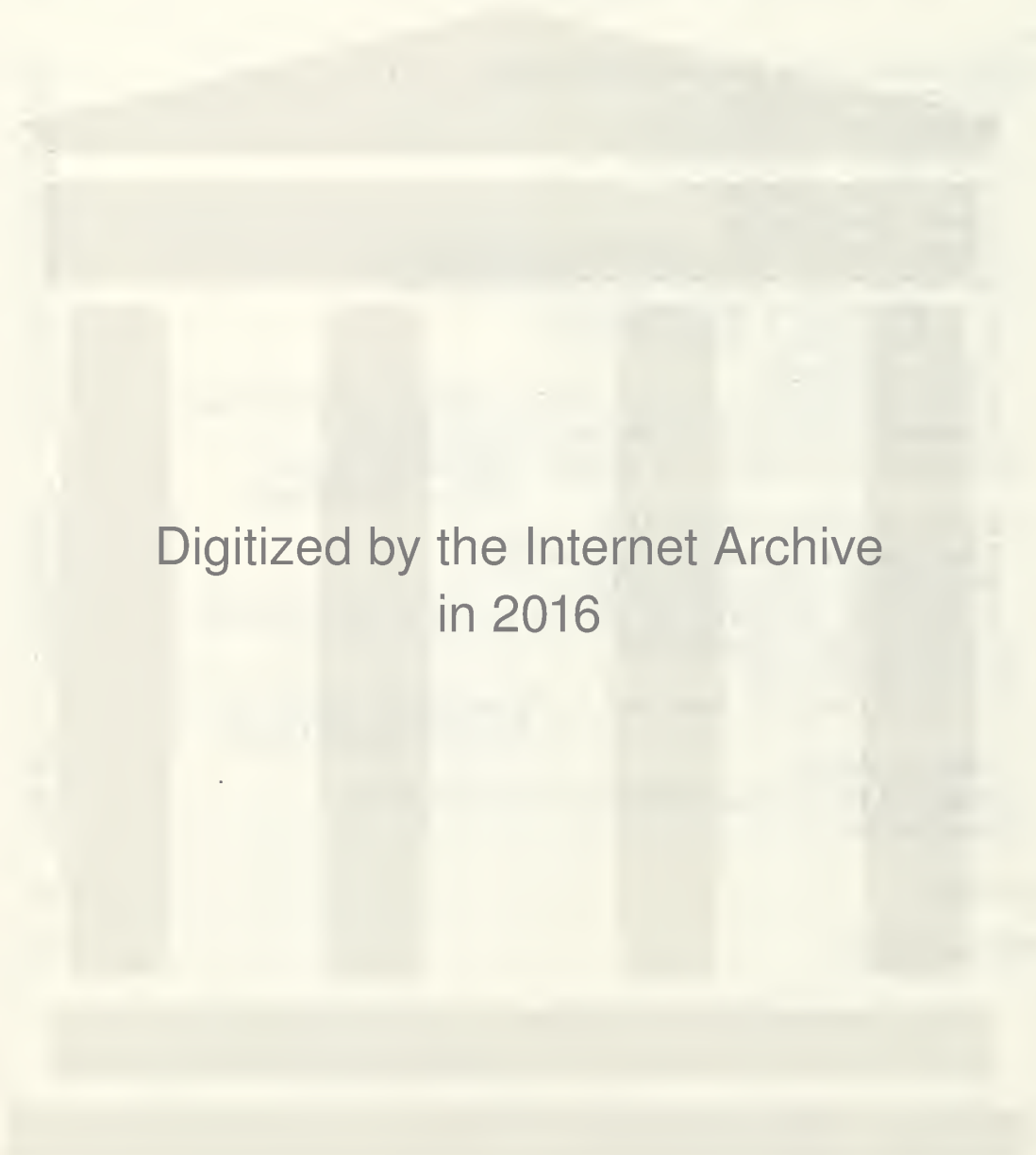

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PREFACE

In the present study the writer wishes particularly to acknowledge the advice of Dr. Grace H. Kent in formulating plans for the thesis, her assistance in carrying them through, and her thoughtful criticism of the manuscript. The writer is also indebted to Danvers State Hospital for the use of the files and case records. She wishes to thank Dr. Neil A. Dayton for certain information regarding policies of the Division of Mental Deficiency of the Department of Mental Health of the Commonwealth of Massachusetts and for permission to consult the files of the Central Registry for Mental Defectives, and Dr. Jennette R. Gruener for permission to use before its publication the manuscript of the pamphlet Feebleminded Children as a Massachusetts Problem.

Hathorne, Massachusetts
May 25, 1941

M.M.Z.

CHAPTER I. INTRODUCTION

PURPOSE

Definition of the Purpose. The purpose of this study has been to attempt in a limited area an investigation of the meaning and significance for the community of the problem of mental deficiency in cases in which the behavior of the individuals has been sufficiently abnormal or anti-social to warrant observation in a mental hospital.

Use of the term "Mental Deficiency". It may be well to point out that in recent years the term "mental deficiency" or "feeblemindedness" has come to be regarded as "a sociological rather than a biological concept"[1] on the basis that the social behavior of the individual

> is of immensely more importance than his intellectual level. Many very defective individuals make an excellent social adjustment, especially if they have been well trained. . . . Many of their failures are due to the fact that more is expected of them than they can deliver. If they function within their limitations they are capable of being very good and useful citizens.[2]

It is, therefore, with the individual's social behavior that we are chiefly concerned in this study.

Problems to be Considered. Particular consideration will be

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1 White, Wm.A.: Outlines of Psychiatry, 14th edition, Washington: Nervous and Mental Disease Publishing Co., 1935, p. 385.

2 Ibid., p. 386.

given to the problems created by the fact that (1) many of these mental defectives are not psychotic and can be committed to already overcrowded state hospitals only in rare instances, yet they are in need of constant supervision; (2) many of them are adults; (3) inasmuch as the accommodations of the State Schools for the Mentally Deficient are sufficient for only half of the children needing training it is highly undesirable to overcrowd the State Schools with permanent custodial care cases of adults not on the training level.

SCOPE

Selection and Delimitation of Case Record Material. It was decided to make a study of all cases admitted to the Danvers State Hospital over a two year period in which there was a diagnosis of mental deficiency, either with or without psychosis, with a view to a consideration of the problems of the adult feebleminded in the community. It was felt that a two year period would furnish a more typical sample of State Hospital admissions as a whole than a single year which might be atypical for various reasons.

Selection of the Exact Period to be Studied. For purposes of statistical comparison with figures of the Department of Mental Health a period was selected in which the time covered by the statistical year, October first to September 30th, would

be the same as that used in compiling statistics in the Department of Mental Health. The period from October 1, 1938 through September 30, 1940, was, therefore, selected.

METHOD

Selection of Cases. The cases were selected from the reports of hospital staff meetings and only those cases were used in which a definite diagnosis of mental deficiency had been made. There were without doubt many other cases in which the results of psychometric examination indicated a mental defect. A low rating by psychometric tests, however, may indicate mental deterioration rather than native incapacity, a slowing up of mental processes in connection with a psychotic condition, or in some cases it may indicate nothing more significant than the examiner's failure to obtain the patient's full cooperation. It seemed, therefore, tha t many more than those with native incapacity would be included in the group if the cases were selected on the basis of ratings obtained on psychometric examinations. The diagnosis of mental deficiency by the staff is ordinarily made only after consideration of the entire social history of the individual rather than wholly on the results of psychometric examination. For this reason selection of cases on the basis of diagnosis was thought to be the more reliable method.

The Schedule. A schedule was drawn up and the desired information abstracted from each hospital case record.[3] From this schedule a number of statistical charts and tables were compiled. The entire list of cases was also checked with the file of the Central Registry for Mental Defectives in the Division of Mental Deficiency of the State Department of Mental Health in order to determine in so far as possible how many of these mental defectives had been known to the Central Registry prior to this admission to Danvers State Hospital, either by virtue of admission to a State School, placement upon the waiting list for a State School, an examination by a Traveling School Clinic, a previous admission to a State Hospital, social supervision by the Division of Mental Deficiency, or contact with any other agency reporting to the Central Registry.

Policies of the Division. A personal interview with Dr.Neil A. Dayton, Director of the Division of Statistics and Mental Deficiency, was held for the purpose of ascertaining and discussing certain policies of and facts about the Division of Mental Deficiency which vitally affect the adult feebleminded person, his training, and the disposition of his case by the State Hospitals.

3.Copy of Schedule in Appendix.

Bibliography. The only recent studies which were found to deal with the problem under investigation are two studies published by the Massachusetts Child Council, namely , Juvenile Delinquency in Massachusetts As A Public Responsibility, published in 1939, and Feebleminded Children, A Massachusetts Problem, published in 1941. Both of these were consulted. The most recent available report of the Commissioner of Mental Health was that of 1938 and all figures involving admissions to State Hospitals are taken from that report. A reprint of the report of the Division of Mental Deficiency for the year 1939 was available and was used because it offered later figures in regard to State Schools than the 1938 Report. Before the final revision of the thesis the 1939 Annual Report was published and was used for page numbers in footnotes referring to the 1939 Annual Report of the Division of Mental Deficiency. Figures in several of the tables were not brought up to 1939.

The Sample. Next, the sample of cases to be used was tested for its representativeness as a cross section of mental defectives in all State Hospitals. That is, the figures for mental defectives so diagnosed over the two year period at Danver State Hospitalswere compared with figures for all State Hospitals in Massachusetts during the statistical year immediately preceding this period. It was possible to obtain from the hospital the total number of admissions in 1939 and in one instance these figures were combined with those for

1938 in order to have figures for a two year period. The sample was tested and at Danvers the proportion of mental defectives to the total number of admissions, the distribution of mental defectives according to sex, diagnosis, admission status and marital status, were very similar to the proportion and distributions for the state as a whole. The sample, therefore, was considered to be representative of the state as a whole and a number of statistical studies upon the collected material were made.

Conclusions. Finally, certain conclusions and recommendations were offered on the basis of the facts obtained through the study.

CHAPTER II. STATISTICAL ANALYSIS OF THE CASES

In this chapter the statistical studies are presented in table form for the convenience of the reader. Because figures do not always speak for themselves some interpretation is given together with divers observations and conclusions which the writer has taken the liberty of making.

TESTING THE SAMPLE

Ratio of Mental Deficiency to Other Mental Disorders. In order to determine whether the admissions to Danvers State Hospital during the two year period selected are a fairly representative sample of State Hospitals as a whole let us examine the sample more closely and analyze its make-up. In the year 1938,[1] 5.06 per cent (349 out of 6896) of all State Hospital admissions were diagnosed as cases of Mental Deficiency. The sample represents 4.83 per cent of the number of admissions to Danvers State Hospital in 1939-40. The total figures for these two years at Danvers were available, so in order to obtain a better comparison these figures were used in this particular instance although more detailed figures for these years were not available for further comparisons. Thus, we find that the proportion of mental defectives to the total number of admissions at Danvers State Hospital was very si-

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1 Throughout the text such dates always indicate the statistical year ending on September 30 of the year given.

TABLE I. MENTAL DEFICIENCY IN MASSACHUSETTS STATE HOSPITALS 1938 - 1940.[a]

Hospital and Diagnosis	Number	Per Cent
Total Admissions: All Diagnoses		
Danvers State Hospital	1947	100.00
All State Hospitals	6896	100.00
Admissions with Diagnosis of Mental Deficiency	Total	Total
Danvers State Hospital	94	4.83
All State Hospitals	349	5.06

a Figures for All State Hospitals cover the period Oct.1, 1937-Sept.30, 1938, and are taken from the Annual Report of the Commissioner of Mental Health for that year, Table 251.
Figures for Danvers State Hospital cover the period Oct.1, 1938 to Sept. 30, 1940.

milar to the figure for all the State Hospital in Massachusetts in 1939 and 1940.[2]

Distribution According to Sex. If the Danvers sample is examined for distribution according to sex we find that 51 or 54.3 per cent of these mental defectives are male and 43 or 45.7 per cent are female. (See Table II). For the State Hospitals as a whole in 1938 we find a similar distribution: 193 or 55.3 per cent were male and 156 or 44.7 per cent were female. In contrast to these figures the females have outnumbered the males in residence in State Schools every year since 1921 except in 1929.[3]

Distribution According to Marital Status, As seen in Table III, in the Danvers sample 15 per cent were married, 80.8 per cent were single, 2.1 per cent widowed, 2.1 per cent divorced, and none were separated. In the state as a whole 14.7 per cent of those diagnosed Psychosis with Mental Deficiency were married, 80.5 per cent single, 2.8 per cent widowed, one per cent divorced, one per cent separated.Again there is a similarity of the sample with the figures for the whole state, except for the percentage of persons divorced and separated, but the numbers are so small that the difference is negligible. The figures on marital condition for

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2 Table I

3 Annual Report of the Commissioner of Mental Health, 1938, p. 235.

TABLE II. DISTRIBUTION, ACCORDING TO SEX, OF MENTAL DEFECTIVES IN MASSACHUSETTS STATE HOSPITALS 1938-40 [a]

Sex	Danvers State Hospital		All State Hospitals [b]	
	Number	PerCent	Number	PerCent
Total	94	100.0	349	100.0
Male	51	54.3	193	55.3
Female	43	45.7	156	44.7

a Figures for Danvers State Hospital cover the period Oct.1, 1938-Sept. 30, 1940.

b Figures for all State Hospitals taken from Annual Report of the Commissioner of Mental Health for 1938, Table 251.

those diagnosed Without Psychosis Mental Deficiency are not available for comparison so that this apparent similarity of the sample to the universe should not be given too much weight.

Proportion of Psychotic to Non-Psychotic Mental Defectives. We find, in Table III, that a slightly higher proportion of mental defectives at Danvers (68.1 per cent) were diagnosed as psychotic in 1939-40[4] than throughout the State Hospitals in 1938. (60.5 per cent). This difference may be partially discounted because of the fact that these figures for the state are not affected by the figures for Danvers with which they are compared since they are for different years, and there is likely to be some variation from year to year in the number who are found to be psychotic. It is interesting to observe that at Danvers 39.2 per cent of the maleswere not psychotic as compared with 23.3 per cent of the females, whereas in the state as a whole there is very little difference between males and females. The differences in proportion are not great enough to invalidate the Danvers sample as typical of all the State Hospitals.

Distribution According to Admission Status. Perhaps more significant than a comparison on the basis of diagnosis will be one on the basis of admission status, that is, comparing the

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4 The statistical years ending in 1939 and 1940, the period covered by the study; used in this way throughout.

TABLE III. MENTAL DEFICIENCY ADMISSIONS. DISTRIBUTION ACCORDING TO SEX, DIAGNOSIS, ADMISSION STATUS AND MARITAL STATUS, a MASSACHUSETTS STATE HOSPITALS 1938-40.

Mental, Admission, and Marital Status	Danvers State Hospital Oct.1,1938-Sept.20,1940						All State Hospitals Oct.1, 1937-Sept.30, 1938					
	M		F		T		M		F		T	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Mental Status: Total	51	100.0	43	100.1	94	100.0	193	100.0	156	100.0	349	100.0
with psychosis	31	60.8	33	76.8	64	68.1	115	59.6	96	61.5	211	60.5
without psychosis	20	39.2	10	23.3	30	31.9	78	40.4	60	38.5	138	39.5
Admission Status Total:	51	100.0	43	100.0	94	100.0	193	100.0	156	100.0	349	100.0
(1)First Admissions	31	60.8	20	46.5	51	54.3	136	70.4	102	65.4	238	68.2
(2)Readmissions	20	39.2	23	53.5	43	45.7	57	29.6	54	34.6	111	31.8
Marital Status: Total b	51	100.0	43	100.0	94	100.0	115	100.0	96	100.0	211	100.0
(1) Single	44	86.3	32	74.4	76	80.8	96	83.5	74	77.1	170	80.5
(2)Married	5	9.8	9	20.9	14	15.0	16	13.9	15	15.6	31	14.7
(3)Widowed	0	0.0	2	4.7	2	2.1	1	.9	5	5.2	6	2.8
(4)Divorced	2	3.9	0	0.0	2	2.1	2	1.7	0	0.0	2	1.0
(5)Separated	0	0.0	0	0.0	0	0.0	0	0.0	2	2.1	2	1.0

a Figures for All State Hospitals are taken from Annual Report of the Commissioner of Mental Health for the year ending Sept. 30, 1938. Tables 174, 196, 244, 251.

b Figures for All State Hospitals represent only those diagnosed "with psychosis".

number of first admissions to Danvers with those who have had previous admissions and comparing both first and readmissions for the state. In Table III we find that among mental defectives admitted to all State Hospitals in 1938, 68.2 per cent were admitted for the first time, while 31.8 per cent were persons who had been previously admitted to a State Hospital. At Danvers the proportion of first admissions to readmissions is somewhat lower than for the state as a whole. Whereas for the state 68.2 per cent were first admissions, at Danvers only 54.3 per cent were admitted for the first time, and 45.7 per cent were readmissions as compared with 31.8 per cent for the state. This may be partially due to the fact that it was not possible to ascertain for the larger field how many persons are included both in first admission figures and in readmission figures because of more than one admission during the period studied. In the Danvers sample the women showed a greater tendency (14.5 per cent) to be readmitted than the men, while in the state as a whole there is a slightly smaller difference, five per cent in favor of the women. So small a difference can probably be safely counted as not of any particular significance. Figures for a much longer period of time would have to be taken into consideration to determine any real trend.

Significance of Testing the Sample. The ratio of mental deficiency to other mental disorders was found to be similar in the Danvers sample to the ratio in all State Hospitals. Distributions of mental defective patients according to sex, marital status, diagnosis, and admission status were found to be similar in all State Hospitals and in the Danvers sample. From this comparison of the figures for the above factors it would seem that the Danvers sample might be considered fairly typical of State Hospitals as a whole. However, no claim is put forward for any widespread significance for the findings in regard to the Danvers data. It is presented simply as a partial study of the problem of the adult feebleminded of the Commonwealth of Maszachusetts at a specific period.

FURTHER STATISTICAL ANALYSIS OF CASES

Age Range of Patients at Time Of This Admission. The age range of the mental defectives admitted to Danvers State Hospital in the period studied shows considerable spread. Among 94 patients there was a range in age from nine years to 73 years. The frequency, however, of the distribution of ages is of even more interest than these two extremes (each of which represents a single case) might indicate. In Table IV we see that the largest number of admissions, 16, falls into the group 20-24 years of age. This includes 17% of all admissions and the largest number of males in any

TABLE IV. SEX, AND AGE AT TIME OF THIS ADMISSION TO DANVERS STATE HOSPITAL.

Age on Admission	Total		Male		Female	
	No.	%	No.	%	No.	%
Total	94	100.1	51	100.0	43	100.0
5- 9 yrs.	1	1.1	1	2.0	0	0.0
10-14 yrs.	3	3.2	1	2.0	2	4.7
15-19 yrs.	15	16.0	9	17.6	6	14.0
20-24 yrs.	16	17.0	11	21.6	5	11.6
25-29 yrs.	8	8.5	4	7.8	4	9.3
30-34 yrs.	15	16.0	6	11.8	9	20.9
35-39 yrs.	8	8.5	4	7.8	4	9.3
40-44 yrs.	4	4.2	2	3.9	2	4.7
45-49 yrs.	10	10.6	5	9.8	5	11.6
50-54 yrs.	8	8.5	5	9.8	3	7.0
55-59 yrs.	4	4.3	3	5.9	1	2.3
60-64 yrs.	1	1.1	0	0.0	1	2.3
65-69 yrs.	0	0.0	0	0.0	0	0.0
70-74 yrs.	1	1.1	0	0.0	1	2.3

one group, 21.6 per cent. This same group includes the third largest number of females, 11.6 per cent of all female mental defectives. The groups 15-19 years and 30-34 years show an equal number of admissions with 15 each or each having approximately 16 per cent of the total number. The second largest percentage of males, 17.6 per cent, falls in the 15-19 year interval, the third largest, 11.8 per cent, in the 30-34 year interval. The largest percentage of females, 20.9 per cent, falls in the 30-34 year group, while the second largest falls in the 15-19 year class. The 45-49 year class contains the same percentage of females as the 20-24 year class, namely 11.6 per cent. This table shows for this group that the greatest number of admissions among mental defectives is concentrated in the age group 15-24 years and from 30-34 years, followed by a ten year period of decreased frequency and another increase in the interval from 45-49 years which has 10.6 per cent of the total number, the third largest percentage. It would seem that perhaps those under 24 years of age might well be in State Schools if these facilities were larger, thus relieving the hospitals of this younger age group, except for the more severe psychotics.

Previous Hospitalizations and Previous Diagnoses of Mental Deficiency. Of the total number of 94 patients, 43, or 45.7 per cent, had had previous admissions to State Hospitals. Of this number twenty persons, or 46.5 per cent, were males,

TABLE V

HOSPITALIZATION AND DIAGNOSIS OF MENTAL DEFICIENCY PRIOR TO THIS ADMISSION

Age at time of this admission.	Number with Previous State Hospital Admissions						Number with Previous Diagnoses of Mental Deficiency					
	Total		Male		Female		Total		Male		Female	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Total	43	100.0	20	100.0	23	100.1	35	100.1	16	99.9	19	100.0
5- 9 yrs.												
10-14 yrs.	2	4.7			2	8.7	2	5.7			2	10.5
15-19 yrs.	7	16.3	4	20.0	3	13.0	6	17.2	4	25.0	2	10.5
20-24 yrs.	6	13.9	3	15.0	3	13.0	5	14.3	3	18.8	2	10.5
25-29 yrs.	3	7.0	2	10.0	1	4.4	2	5.7	1	6.2	1	5.3
30-34 yrs.	8	18.6	4	20.0	4	17.4	6	17.2	3	18.8	3	15.8
35-39 yrs.	3	7.0	1	5.0	2	8.7	3	8.6	1	6.2	2	10.5
40-44 yrs.	1	2.3	1	5.0	0	0.0						
45-49 yrs.	6	13.9	2	10.0	4	17.4	4	11.4	1	6.2	3	15.8
50-54 yrs.	4	9.3	2	10.0	2	8.7	4	11.4	2	12.5	2	10.5
55-59 yrs.	2	4.7	1	5.0	1	4.4	2	5.7	1	6.2	1	5.3
60-64 yrs.	1	2.3			1	4.4	1	2.9			1	5.3
65-69 yrs.												
70-74 yrs.												

while 23, or 53.5 per cent, were females. (See Table III). We may also observe that a larger percentage of women than of men had had previous admissions, namely 53.5 per cent of the women as compared with 39.2 per cent of the men. The range was from 1 to 5 previous admissions for the females, 1 to 4 previous admissions for the males. These may be further analyzed and we find two women and one man, each of whom had had five previous admissions. One of the former had also been diagnosed as a case of Mental Deficiency on each of the five previous admissions, the male on four previous admissions; the second female had had only one previous diagnosis of Mental Deficiency. Altogether (see Table VI) of the 43 persons having previous admissions to State Hospitals 65.1 per cent had had one previous admission, 27.9 per cent had had from two to four admissions, and seven per cent had had five previous admissions. It would seem, then, that almost half of the patients under study had been known previously and one wonders if any of the readmissions could have been avoided by more careful planning in the community or longer hospitalizations. Not all of those having previous admissions had been diagnosed mentally deficient on each of these occasions as the figures show in Table VI. Only 35 persons or 37.2 per cent had received previous diagnoses of Mental Deficiency as compared with 45.7 per cent who had had previous State Hospital admissions. Of these 35 persons 77 per

TABLE VI FREQUENCY OF HOSPITALIZATION AND DIAGNOSES OF MENTAL DEFICIENCY.

Number per Person of Previous Admissions to State Hospitals	Number of Persons	Per Cent of Total
Total	43	100.0
1	28	65.1
2	7	16.3
3	4	9.3
4	1	2.3
5	3	7.0

Number per Person of Previous Diagnoses of Mental Deficiency		
Total	35	100.0
1	27	77.0
2	5	14.3
3	1	2.9
4	1	2.9
5	1	2.9

cent had had only one previous diagnosis of Mental Deficiency, 14.3 per cent had had two such diagnoses and those receiving three, four and five such previous diagnoses each constitute 2.9 per cent of the total of 35 persons.

Length of Hospitalization and Form of Commitment at Time of This Admission.

Forms of Commitment. The number of admissions to the Hospital may be related to the type of commitment. There are several different forms of commitment under Chapter 123 of the General Law, which require a brief explanation. A patient may be sent to a State Hospital under Sec. 79 for a temporary observation of ten days. Before the end of this period the patient must either be discharged as "not insane" or an application must be made to the court for regular commitment or for a further observation period of 35 days. These court orders, under Sec. 51 and 77 respectively, require that the patient be examined by two accredited physicians who have been in practice for at least three years and an application to the court by a relative. The ten day paper need be signed by only one person who may be a physician, a member of the board of health, a state or local police officer, a sheriff or deputy sheriff. In the case of the 35 day observation commitment a report must be made to the committing judge by the 29th day and he then either discharges the patient or commits him permanently to the institution. Under Sec. 51

TABLE VII

LENGTH OF HOSPITAL RESIDENCE, THIS AND ALL ADMISSIONS ACCORDING TO DIAGNOSIS ON THIS ADMISSION.

Length of Hospital Residence	Mental Deficiency with Psychosis				Mental Deficiency without Psychosis			
	This admission		All admissions		This admission		All admissions	
	No.	%	No.	%	No.	%	No.	%
Total	64	100.1	64	100.0	30	100.0	30	99.9
10 days or less					3	10.0	2	6.7
11-35 days	5	7.8	3	4.7	25	83.3	20	66.7
36days-3 mos.	6	9.4	6	9.4	2	6.7	4	13.3
4-7 mos.	9	14.1	5	7.8				
8-11 mos.	14	21.9	13	20.3			1	3.3
1-2 yrs.	30	46.9	28	43.8			1	3.3
3-4 yrs.			4	6.2			1	3.3
5-6 yrs.			1	1.6				
7-8 yrs.			2	3.1				
9-10 yrs.			2.	3.1				
11-13 yrs.							1	3.3

the procedure is the same as for Sec. 77, except that the patient is permanently committed at the outset without any preliminary observation period. Once a patient is regularly committed he must remain in the institution until such time as the hospital staff sees fit to discharge him as "improved" or "recovered". It is also possible for the hospital to discharge a regularly committed patient as "not insane" if they find this to be the condition of the patient.

Under Sec. 100 a patient under indictment may be committed by the court for determination of his sanity. All persons who are charged with murder are required to be examined as to mental status, though they are not always committed to the hospital.

Length of Hospitalization on This Admission. Length of Hospitalization is naturally related in most instances to the number of previous commitments that an individual has had. If we examine the figures in Table VII we find that of the 64 persons of the group that were found to be psychotic on this admission slightly over 80 per cent remained between four months and two years, (46.9 per cent remained in the hospital from one to two years, 21.9 per cent remained from eight to eleven months, 14.1 per cent remained from four to seven months). All of the patients in this group remained longer than ten days, only 7.8 per cent were discharged before the end of the 35 day observation period and

TABLE VIII ORIGINAL FORM OF COMMITMENT AT TIME OF THIS ADMISSION

Form of Commitment	Number	Per Cent
Total	94	100.0
Sec.79-Temporary Care	38	40.4
Sec.77-Observation	19	20.2
Sec.51-Regular Commitment	27	28.7
Sec.100-Court Case	10	10.6

9.4 per cent were hospitalized for from 35 days to three months. As might be expected, most of the 30 non-psychotic patients remained only a short time. Ten per cent were discharged as "not insane" at the end of the ten day pbservation period, 83.3 per cent were observed for longer than ten days but released after a 35 day observation, while only 6.7 per cent remained longer than 35 days, and these were cases in which at the end of the ten day temporary care period the patient was held for a further observation period of 35 days.

Aggregate Duration of Hospitalization for All Admissions. Since, as we have already seen, in Table VII, many of these patients have had previous admissions, let us also ascertain the length of hospitalization of these patients for all admissions, including this admission. Here we find a rather surprising concentration in the same two periods as for this admission with 43.8 per cent remaining from one to two years and 20.3 per cent remaining from 8-11 months. The extremes of hospitalization for all admissions are, likewise, rather interesting with 4.7 per cent having a total hospitalization of between 10 and 35 days despite more than one admission and 9.8 per cent having been hospitalized for a total of more than four years. The lower limit is explainable on the basis of several admissions on ten day temporary care papers in which the patient remained

in the hospital less than the full ten days. At the other end of the scale we find one patient who was in residence five years and five months, two who were in residence between six and eight years, and two who were in residence more than eight, but less than ten years. One who was found to be non-psychotic had previously spent an aggregate of twelve years and three months in the hospital. Two who had been admitted more than once had had a total hospitalization of less than ten days, apparently having been discharged almost immediately each time, while a majority of the non-psychotic group, 66.7 per cent, falls into the 11-35 day total, probably having been admitted each time on ten-day papers.

Form of Commitment This Admission. Attention to the original form of commitment as shown in Table VIII under which these patients were brought to the hospital at the time of this admission shows that 40.4 per cent came in on ten day papers under Section 79 but that most of these were held at least for further observation. Twenty and two-tenths per cent entered on observation papers under Section 77; 28.7 per cent were brought in under Section 51 on regular commitment status; while 10.6 per cent were court cases committed under Section 100 for observation in connection with charges preferred against them. None of the patients originally committed under Section 51 was discharged as "not insane".

Diagnosis This Admission According to Age and Sex. Both from the point of view of the State Hospitals and from that of the community problems involved it is important to ascertain how many of the patients admitted were actually found to be psychotic. In Table III we saw that 68.1 per cent of the patients were diagnosed as Psychosis with Mental Deficiency. These 64 patients include 60.8 per cent of the 51 males and 76.8 per cent of the 43 females admitted.

If this proportion is at all general, which we cannot know from so small a sample, it may be significant of one of several things. Does it indicate that non-psychotic female mental defectives are on the whole able to make a better adjustment in the community than the non-psychotic males, and so are less likely to be sent to a mental hospital? If so, it would be interesting to know on what basis this is true. Or may it indicate that the hospital staff considers a mentally defective woman who may be inclined toward sexual promiscuity or prostitution a greater actual menace to the community than the male of similar mentality who cannot so obviously make his living by giving or selling his body? If this is true, are they more strongly motivated, albeit not consciously, to see psychotic tendencies in her abnormal behavior? In other words, one might wonder if some of the female mental defectives are not more readily diagnosed as also psychotic to enable them to have institutional care,

TABLE IX

DIAGNOSIS ACCORDING TO SEX AND TO AGE AT TIME OF THIS ADMISSION

Age at time of this Admission	Mental Deficiency With Psychosis						Mental Deficiency Without Psychosis					
	Total		Male		Female		Total		Male		Female	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Total	64	99.9	31	100.1	33	99.7	30	99.9	20	100.0	10	100.0
5 - 9 yrs.							1	3.3	1	5.0		
10 -14 yrs.	2	3.1	1	3.2	1	3.0	1	3.3			1	10.0
15 -19 yrs.	10	15.6	6	19.4	4	12.0	5	16.7	3	15.0	2	20.0
20- 24 yrs.	10	15.6	6	19.4	4	12.0	6	20.0	5	25.0	1	10.0
25- 29 yrs.	7	10.9	4	12.9	3	9.1	1	3.3			1	10.0
30- 34 yrs.	10	15.6	3	9.7	7	21.2	5	16.7	3	15.0	2	20.0
35- 39 yrs.	4	6.2	1	3.2	3	9.1	4	13.3	3	15.0	1	10.0
40- 44 yrs.	1	1.6			1	3.0	3	10.0	2	10.0	1	10.0
45- 49 yrs.	9	14.0	4	12.9	5	15.2	1	3.3	1	5.0		
50- 54 yrs.	6	9.4	4	12.9	2	6.1	2	6.7	1	5.0	1	10.0
55- 59 yrs.	3	4.7	2	6.5	1	3.0	1	3.3	1	5.0		
60- 64 yrs.	1	1.6			1	3.0						
65- 69 yrs.												
70- 74 yrs.	1	1.6			1.	3.0						

rather than be returned to the community. This possible explanation is offered not in any spirit of criticism, but with the realization that the staff may be influenced to some degree by their sense of social responsibility to the community, and with the knowledge that there is a very fine distinction to be made between the normal behavior of the undisciplined mental defective and the abnormal behavior of the psychotic mental defective, between the middle aged mental defective and a patient with simple Dementia Praecox.

Disposition of Cases. In this paper we are primarily concerned with the problem of mental defectives who are not psychotic and of whom onlythe more flagrant offenders against society can be retained in State Hospitals. The disposition of these cases, therefore, warrants attention. In Table X we find that 37 individuals or 39.4 per cent were still in the hospital on March 1, 1941, five months after the last possible date of admission, 29 persons or 30.8 per cent had been discharged as "not insane", while 28 cases or 29.8 per cent were disposed of in some other manner. Of the 37 still in the hospital on March 1, 1941, two had been allowed to go back into the community on indefinite or trial visits, but later had to be returned to the hospital; one had been placed in Family Care under hospital supervision, but had had to be returned to the hospital.

TABLE X DISPOSITION OF CASES

Disposition of Cases	Number			Per Cent		
	With Psychosis	Without Psychosis	Total	With Psychosis	Without Psychosis	Total
Total	63	31	94	67.0	33.0	100.0
In Hospital 3/1/41	37		37	39.4		39.4
Discharged as not Insane		29	29		30.8	30.8
Other	26	2	28	27.6	2.2	29.8

Of the 29 patients discharged as "not insane", two were removed from the hospital against the advice of the hospital physician, one was discharged to be cared for in a city infirmary. Seven persons were discharged and subsequently committed to other state institutions, two to State Schools for the Mentally Deficient, two to the Department for Defective Delinquents at Bridgewater, one to Charlestown State Prison, and one later obtained admission to another State Hospital.

There is still a third group of 28 patients, the disposition of whose cases falls in neither of the preceding groups. Let us consider what manner of disposition these received. Three of these were in reality still hospitalized, though they had been transferred, condition "improved", to other hospitals, one to a Veterans' Administration Facility, two to other State Hospitals. Ten of these patients had been discharged as "improved", seven were out on indefinite visit, one of these against advice of the staff, and another was returned to the hospital later, in March 1941. Three of the patients were in Family Care boarding homes under hospital supervision, one had died, and two had escaped from the hospital.

Previous Residence in State Schools for Mental Defectives.

As we have just observed, only two of those patients admitted to Danvers have had subsequent admissions to State

TABLE XI. AGE AND SEX OF PATIENTS RESIDENT IN OR ON THE WAITING LIST FOR A STATE SCHOOL, OR KNOWN TO THE CENTRAL REGISTRY FOR MENTAL DEFECTIVES, PRIOR TO THIS ADMISSION.

Age in yrs. at Time of this Admission	Patients Resident in a State School Prior to this Admission						Patients on Waiting List for a State School Prior to this Admission						Patients Known to Central Registry Prior to this Admission					
	Total		Male		Female		Total		Male		Female		Total		Male		Female	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Total	19	100.0	12	100.0	7	100.0	12	100.0	7	100.0	5	100.0	47	100.0	26	100.0	21	100.0
5 - 9 yrs.							1	8.3	1	14.3			1	2.1	1	3.9		
10-14							2	16.7	1	14.3	1	20.0	3	6.4	1	3.9	2	9.5
15-19	4	21.0	3	25.0	1	14.3	6	50.0	3	42.8	3	60.0	12	25.6	7	27.0	5	23.8
20-24	5	26.3	4	33.3	1	14.3	3	25.0	2	28.5	1	20.0	9	19.2	7	27.0	2	9.5
25-29	2	10.5	1	8.3	1	14.3							4	8.5	3	11.6	1	4.8
30-34	2	10.5	1	8.3	1	14.3							7	14.9	3	11.6	4	19.0
35-39	3	15.8	1	8.3	2	28.5							1	2.1			1	4.8
40-44	1	5.3	1	8.3														
45-49													4	8.5	1	3.9	3	14.3
50-54	1	5.3	1	8.3									4.	8.5	2	7.7	2	9.5
55-59	1	5.3			1	14.3							1	2.1	1	3.9	0	
60-64													1	2.1			1	4.8
65-69																		
70-74																		

Schools for Mental Defectives, and one of these had escaped from the State School just prior to his admission to Danvers. Further investigation (see Table XI) discloses the fact that 20.3 per cent of the 94 patients have had admissions to a State School prior to this admission to Danvers, of which 63.2 per cent were male, 36.8 per cent female. Most of these had presumably received some training in the State School, as all of them were over 15 years of age and 79 per cent were over 20 years of age; 26,3 per cent fell into the group 20-24 years of age, 21 per cent in the group 15-19 years, and 15.8 per cent in the group 35-39 years of age. The two largest numbers of males appear in the younger age groups, 15-24 years, while the largest single number of females appears in an older group, 35-39 years. Since there are only seven females in the group, and since the entire group is so small, there is insufficient basis for any generalization regarding this age difference. It may also be well to observe (Table XII) that of the 19 who have previously been resident in State Schools, 68.4 per cent are psychotic, that a number of them became so while still at the State School, and were sent to Danvers State Hospital directly from the school.

Placement on Waiting Lists for State Schools. In Table XIII we find that while 12 persons or 12.8 per cent of the patients had been placed on a State School Waiting List at some time prior to this admission to Danvers, only two of those on the

TABLE XII PATIENTS PREVIOUSLY RESIDENT IN A STATE SCHOOL, ACCORDING TO DIAGNOSIS AT TIME OF THIS ADMISSION.

Diagnosis	Number	Per Cent
Total	19	100.00
Mental Deficiency with Psychosis	13	68.4
Mental Deficiency without Psychosis	6	31.6

waiting list, or 16.7 per cent, of this group had actually obtained admission to a State School. This is in spite of the fact that, as is shown in Table XII, two had been on the Waiting List approximately 11 years each, one for a little more than nine years, two for seven years, one for five years, two for approximately three years, while the remaining four had been on the Waiting List less than a year, two for 11 months, one for 10 months, and one for seven months. These figures may not indicate the full number who have been on State School Waiting Lists, because they are obtained from two sources only, namely, information given by relatives to the State Hospital, and the Central Registry for Mental Defectives. Until 1929 the State Schools did not consistently report persons placed on their Waiting Lists, as each School kept its own separate List.[5] This is probably one of several factors accounting for the fact that all of those who have been on State School Waiting Lists are in the younger age classifications, none of those shown in Table XI being over 25 years of age, and 75 per cent of them being under 20 years of age. Another factor is that

> The Schools follow different practices in the length of time a name is allowed to remain on the Waiting List. One School keeps the names down to those who

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5 Jennette R. Gruener, Feebleminded Children As a Massachusetts Problem, 1941, p.18

Table XIII. NUMBER OF PERSONS ON WAITING LISTS, TIME SPENT ON WAITING LISTS, NUMBER OF THESE PERSONS OBTAINING ADMISSION TO STATE SCHOOL AND LENGTH OF TIME SPENT IN THE SCHOOL.

Length of Time	Number of Persons on Waiting Lists	Number of Persons Admitted to State Schools
Total	12	2
Under 1 yr. (0-11 mos.)	4	1
1 - 2 yrs. (12-23 mos.)		
2 - 3 yrs. (24-35 mos.)	1	
3 - 4 yrs. (36-47 mos.)	1	
4 - 5 yrs. (48-59 mos.)		
5 - 7 yrs. (60-83 mos.)	1	
7 - 9 yrs. (84-107 mos.)	2	1
9 -10 yrs. (108-119 mos.)	1	
10-12 yrs. (120-143 mos.)	2	

> have applied within the past two years, eliminating former names unless reapplications have been made. Another School keeps the names of applicants for 10 or 15 years.[6]

Furthermore, the Central Registry was not in existence prior to 1910 and was little used before 1915.

Length of Time Known to Central Registry for Mental Defectives Prior to This Admission. Despite the non-uniformity of reports made by various agencies to the Central Registry before 1929, 50 per cent of all these patients had been known to the Central Registry prior to this admission. Some had been reported many years earlier by Traveling School Clinics, some had been in State Schools or on Waiting Lists, while others had been reported at the time of a previous State Hospital admission.

Community Supervision by the Division of Mental Deficiency. For some years the Division of Mental Deficiency of the Department of Mental Health has maintained a plan for the supervision in the community of mental defectives for whom a place cannot be found in the State Schools. Only two patients or 2.1 per cent of the Danvers sample had on March 1, 1941, been referred for this type of supervision. These two were boys, 16 and 17 years of age respectively. In 1939

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6 Ibid., p. 19.

only eight out of 312, or 2.24 per cent, of those referred to the Division for Supervision were referred by the Department of Mental Health.[7]

Community Problems. The nature of the problems created for the community by the presence in it of incompetent, largely irresponsible mental defectives is partially indicated by the nature of the problems shown by those patients admitted to Danvers State Hospital for observation, whether or not these persons have been in sufficient difficulty to have had charges preferred against them in court.

Court Cases.

(1) Admissions under Section 100. Let us first consider those patients who had had court charges against them. In Table VIII we note that 10 patients (10.6 per cent of the total number) were admitted to the hospital under Section 100 from the court. These persons ranged in age from 20-47 years.

(2) Previous Court Charges. In addition to these 10 patients entering the hospital under Section 100 there were 13 persons who had previously had a range of from one to five court charges brought against them. Two had served terms in the Department of Defective Delinquents at Bridgewater, one a term in the Women's Reformatory at Sherborn, one in the Shirley In-

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7 Annual Report, op. cit., 1939, p. 119.

dustrial School for Boys, two in the Industrial Training School for Girls at Lancaster. A number had served terms of varying length in local Houses of Correction. The economic cost alone of these numerous and in some cases repeated court appearances and institutional commitments constitutes a real community problem.

Nature of Community Problems. The nature of the problems presented to the community by each of these feebleminded persons includes only those which are mentioned or described in the case record. Community problems are not listed as such and had to be picked out of the record wherever they happened to be described. The same problems are often described in varying words and the writer has been obliged to attempt reducing them to common terms for purposes of classification. Since the types of problems presented differ somewhat according to the sex of the patient, separate consideration has been given to males and females except for a few instances where comparison seemed warranted. (See Table XIV for details). The classification is the writer's own.

One hundred and eighty-nine problems, falling into 17 distinct types of problems, were found to have been presented by this particular group of patients. These seemed to fall logically into five divisions, namely, sexual behavior, insufficient care and supervision at home, economic maladjust-

TABLE XIV NON-PSYCHOTIC PROBLEMS OF SOCIAL SIGNIFICANCE TO THE COMMUNITY.

Problem	Total		Male		Female	
	No.	%	No.	%	No.	%
Grand Total	189	100.1	111	100.0	78	100.1
A. Sexual Behavior	56	29.6	38	34.2	18	23.1
1. Forced Marriage	2				2	
2. Illegitimate Offspring	3		1		2	
3. Sexual Promiscuity	7		2		5	
4. Suspected Sex Delinquency	16		9		7	
5. Homosexual Activity	3		3			
6. Sexual Perversion	3		3			
7. Masturbation	9		8		1	
8. Indecent Exposure	6		5		1	
9. Sexual Assault	5		5			
10. Frightening Women	2		2			
B. Insufficient Care	19	10.1	6	5.4	13	16.7
1. Lack of Supervision	8		2		6	
2. Lack of Custodial Care	11		4		7	

TABLE XIV (Cont.)

Problem	Total		Male		Female	
	No.	%	No.	%	No.	%
C. Other Behavior Problems	106	56.1	63	56.8	43	55.1
1. lying	2		1		1	
2. suspiciousness	3		2		1	
3. nomadism, running away	9		3		6	
4. temper outbursts	10		4		6	
5. unmanageableness	19		7		12	
6. suggestible and irresponsible	11		5		6	
7. threats	8		5		3	
8. destructiveness	6		4		2	
9. assaultiveness (non-sexual)	19		14		5	
10. alcoholism	6		5		1	
11. stealing	9		9			
12. firesetting	2		2			
13. breaking & entering	2		2			
D. Economic Maladjustment	5	2.7	3	2.7	2	2.6
	5		3		2	
E. Public Health Problem	3	1.6	1	.9	2	2.6
	3		1		2	

ment, public health problems, and other behavior problems. Many patients, of course, showed problems in several of these categories, or several problems in a single area. A total of 106 problems in the area of Other Behavior Problems leads the field, while 55 problems were presented in the area of Sexual Behavior, 19 were in the area of Insufficient Care, five in the area of Economic Maladjustment, and three in the area of Public Health.

(1) Comparison of the Problems Presented by Males and Females. If we look at Table XIV we see that 51 males presented a total of 111 problems or an average of 2.18 problems for each male. Forty-three females showed a total of 78 problems, an average of only 1.79 problems per person which seems significant inasmuch as females are frequently considered to be greater problems in the community. Thirty-four and two-tenths per cent of the male problems were in the area of sexual behavior as compared with 23.1 per cent of the female problems. The largest single problem for both sexes was "suspected sex delinquency". Over half of the problems of both sexes lay in the area of non-sexual behavior problems, 56.8 per cent of the male, and 55.8 per cent of the female. The males were most frequently guilty of non-sexual assaultiveness, stealing, and being unmanageable, in the order named, while the females tended to be unmanageable, suggestible and irresponsible, and given to

nomadism and running away, also in the order named.[8]

A larger number of women than men lacked supervision and custodial care in the home, though this constitutes almost the same percentage of the total for both sexes. The percentage is, likewise, nearly the same for both sexes in the case of Economic Maladjustment while almost twice the percentage of females was felt to constitute a Public Health problem as was true of the males. In these two areas of Public Health and Economic Maladjustment it is important to point out that the figures do not adequately portray the extent of these problems, since they represent only those cases in which economic maladjustment and public health stood out as flagrant problems or actual complaints made by neighbors or relatives. The same problems were undoubtedly existent in many more cases than these figures would indicate.

(2) The Problem of Offspring. Finally there is the problem for the community created by reproduction among feeble-minded persons. According to Dr. Neil A. Dayton,

> Mental defect cannot be considered as a unit character in the Mendelian sense. Intelligence is probably made up of hundreds of such unit characters. However, in a sample of any size and in the long run the throw-off in

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8 Cf. p. 23.

> children of hereditary groups shows a remarkable resemblance to the expectancy of mental defect of a unit character. . . Only 14% of mental defectives are children of persons themselves mentally defective. About 86% are the children of carrier unions,[9]

where the individuals themselves are normal but carry a recessive mental defect in their genes. 45% of the mental defectives in State Schools, according to Dr. Dayton, show inheritance of mental defect.

Keeping these facts in mind, let us examine our group of patients to see how many may be passing on their mental defect to future generations. While only 14 persons or 14.9% are married, 10 of these, seven females and three males, have produced a total of 52 legitimate children. (See table XV). Among the children of this group of mental defectives are also five illegitimate children born to five different patients, three females and two males. We have to consider not only the eugenic point of view but the economic and social cost to the community.

The following factors will point out how these children may become an economic burden to society. (1) Many mental defectives are unable to support their families adequately, especially if they become patients in an institution of any sort, and their families must depend on relief funds for

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9 Dayton, Neil A., "Notes on Mental Deficiency", unpublished, p. 5.

TABLE XV NUMBER AND LEGAL STATUS OF CHILDREN ACCORDING TO SEX OF PATIENT

	Legitimate Children				Illegitimate Children					
No.of children per patient	Total No. of Patients	Male Patients	Female Patients	Total No.of Children	Total No.of Patients	Male Patients	Female Patients	Total No.of Children	Total No. of Patients	Total No. of Children
Total	10	3	7	52	5	2	3	5	15	57
1	2	1	1	2	5	2	3	5	7	7
2										
3	2	2		6					2	6
4										
5	1		1	5					1	5
6	1		1	6					1	6
7	1		1	7					1	7
8	2		2	16					2	16
9										
10	1		1	10					1	10

support. (2) Mentally defective children are often quite easily led into delinquency, are usually found in Special Classes in the school, may be candidates for examination by the Travelling School Clinic a number of times, may themselves become institutional cases in State Schools, in Mental Hospitals, or in Correctional Institutions or Training Schools, may in turn produce more feebleminded offspring, or may themselves become wards of the State either under the Division of Child Guardianship or the Division of Mental Deficiency.

There are many other social factors involved such as the inadequacy of many mental defectives to bring up and train intelligently children of normal mentality, to say nothing of the special training and supervision which is needed by mentally retarded children and which one cannot expect a mental defective to be able to give. The social as well as the economic problems are legion and will be more fully considered in the following chapter in connection with possible ways of meeting the various problems.

CHAPTER III. CONCLUSIONS AND RECOMMENDATIONS

This study has dealt thus far with those mental defectives who have found themselves in State Hospitals, most of whom have been in the adult age groups. It is impossible, however, to consider the problems of this particular group apart from the whole problem of mental deficiency in the Commonwealth. Before we turn our attention to recommendations for possible solutions of the problems of this group which we have been studying let us survey the existing facilities in Massachusetts for the care of mental defectives.

The British Royal Commission on the Care and Control of the Feebleminded has defined mental defectives as

> persons who are capable of earning a living under favorable circumstances, but are incapable from mental defect existing from birth or from an early age (a) of competing on equal terms with their normal fellows; or (b) of managing themselves and their affairs with ordinary prudence.[1]

Despite this definition, 90 per cent of the feebleminded remain in the community, acceptably filling many positions in industry. However, when definitely abnormal behavior is present in a mental defective the most obvious solution for the problem which occurs to the family or to the public authorities is removal from the community through institutionalization.

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1 Stanley Powell Davies, Social Control of the Mentally Deficient. Thomas Y. Crowell Co., 1930, p. 79.

EXISTING FACILITIES

Defective Delinquents. In cases in which the behavior constitutes an actual criminal offense or is considered to be an indication of a definite delinquent trend or behavior pattern, commitment to one of several institutions is possible. In the State Schools for Mental Defectives the delinquent group is an extremely disturbing element, causing trouble among the rest of the school population. Because of these difficulties special provision was finally made for this group of defective delinquents at the State Farm at Bridgewater.[2] This Department for Defective Delinquents was opened in 1922 but soon became crowded to capacity and is now inadequate for the care of all those who should be admitted. In 1939, 612 persons were cared for at Bridgewater. There are also the three State Training Schools for delinquents: Lyman, Lancaster, and Shirley. Here the feebleminded child has great difficulty in fitting into a regular training or educational program because of his lower mentality. Persons indicted for a capital offense, known to have been indicted for any other offense more than once, or known to have been previously convicted of a felony, or a child adjudged to be a delinquent child, before trial or final disposition of the case must be examined to determine his mental condition as this would affect his criminal responsibility.[3]

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2 Annual Report, op.cit., 1939, p. 141.

3 Massachusetts General Laws, Chapter 119, Section 58A, 100A.

This provision leaves many opportunities for persons convicted of a felony for the first time to find their way into local Houses of Correction or even into the State Prisons.

Dependent Defectives. Dependent and neglected children are committed to the Division of Child Guardianship. This agency found that a considerable number of the children committed to its care were of retarded mentality and needed more and different supervision than the normal children. Therefore, a special unit within the Division was set up to work especially with this group. "However, it must be remembered that children are not committed to the Division of Child Guardianship because they are feebleminded but because they are dependent or neglected."[4] A few dependent defectives of any age can be cared for at the State Infirmary at Tewsksbury.

The State Schools. Many authorities have felt that segregation is an inadequate approach to the problem of the mental defective and that permanent institutionalization should be used only for those not amenable to discipline. The late Dr. Walter E. Fernald was instrumental inworking toward the early recognition of the mental defective in order that the family might have some insight into the child's capacity and in order that adequate training might be instituted early enough in life to develop wholesome habits and enable the

4 Gruener, op.cit., p. 46.

individual if possible to be self-supporting. The present State School training program, the Traveling School Clinics and the Special Class Program in the Public Schools are largely the result of his effort and influence.

In Massachusetts there are three State Schools for the Mentally Deficient: the Walter E. Fernald State School, the Wrentham State School, and the Belchertown State School. The total resident population of these schools on September 30, 1939, was 5238,[5] and the schools were 30 per cent overcrowded. This condition, which has existed for several years, accounts in large part for the utilization of other facilities in the State, perhaps less well adapted to serve the feebleminded.

State Hospitals. Despite these possibilities for segregation many feebleminded persons find themselves in mental hospitals. As has been seen from the Danvers sample a number of those who have become community problems eventually are sent to State Hospitals for observation and diagnosis. In some instances this is done by the Court for the specific purpose of ascertaining the individual's mental status, that is, to determine whether the person is mentally defective, or psychotic, or both. In many cases, however, it represents simply

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5 Annual Report, op.cit., 1939, p. 242.

an attempt to get the individual out of the local community in the only way open to the authorities because of the inadequacy of existing facilities for mental defectives. This is especially true in the case of adults for whom it is difficult to obtain admission to a State School.

Community Social Service Supervision. There is another very important type of care to be considered, namely, that of Social Service Supervision in the community by the Division of Mental Deficiency. This includes (1) Home Training Lessons for the children of very low mental ages who live in their homes, (2) foster home placement of children needing that type of care, (3) assistance to Special Class pupils in making plans for vocational and social adjustment, (4) placement of a certain number of children in training homes, and (5) later placement and supervision of these children in wage homes, (6) assistance to parents of mentally defective children who remain in their homes, and (7) other miscellaneous social services.

INADEQUACIES OF EXISTING FACILITIES

For Defective Delinquents. A regulation of the Department for Defective Delinquents limits admission to persons under 25 years of age and this department is always filled to capacity. This means that many defective delinquents of the younger ages still have to be taken care of in the State

Schools for Mental Defectives or in the Massachusetts Training Schools. Many of the older delinquents must go to State Hospitals, to Houses of Correction, or remain in the community.

For Dependent Defectives. Defectives who are not dependent or neglected cannot be committed to the Division of Child Guardianship or to the Tewksbury State Infirmary. The supervision of the former is terminated by law at the age of 21, and although the boy or girl can be encouraged to report voluntarily to his former visitor for advice and encouragement, this cannot be forced against his will.

State Schools. On September 30, 1939, 2867 persons were on the State School Waiting Lists.[6] Since some schools eliminate names from the waiting list unless reapplication is made after two years this probably does not fully represent the problem of inadequate State School facilities for mental defectives in the Commonwealth.

> The stoppage of flow of turnover due to the accretion of custodial cases has been recognized by the institutions themselves, but to no avail against the pressure for admission from the less promising mental defectives.
>
> Again the Superintendents of the State Schools have expressed their recognition of and dissatisfaction with this situation:
>
> 'With our small turnover we are only able to take in emergency cases, hence we are denied the opportunity of educating additional patients and furnishing a better measure of relief to the community.

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6 Annual Report, op.cit., 1939, p. 121.

> The total number of admissions for the year was less than for the previous year, but an analysis of the admissions shows that a much larger proportion of idiots and imbeciles were admitted and a considerably lower proportion of the improvable groups....
>
> An attempt will be made during the coming year to select more urgent problems for institutional care in the high-grade improvable groups, as a continuation for several years of the proportion of idiots and imbeciles admitted this past year would result in the institution becoming almost entirely custodial with very few becoming eligible for parole. However, all admissions continue to be on the basis of urgency and the demand for the admission of babies still continues without sufficient facilities being available to care for them. [7]

Lack of Provision for Adult Mental Defectives. What then is to be done with adult mental defectives needing care? Theoretically a person who is committed to a State School by the court cannot be refused admission by the School, but the reality situation has brought about a gentleman's agreement whereby a court will not commit a person until an authorization has been received from one of the School Superintendents that there is a vacancy and that the individual will be received in the School.

Community Social Service Supervision. As yet this service of the Division of Mental Deficiency is quite limited because of the small appropriation for the work. At present the staff consists of only three social workers who in 1939 supervised 488 cases.[8]

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7 Gruener, op.cit., p. 28.

8 Annual Report, op.cit., 1939, p. 120.

SPECIFIC PROBLEMS OF MENTAL DEFECTIVES IN STATE HOSPITALS

Lack of Early Planning. There should be mentioned those parents, particularly mothers, who are often encountered in Traveling School Clinics and in Child Guidance Clinics, who refuse to place their children in a State School although they are of suitable age for this. Many of these parents have the attitude "I want to take care of my child at home as long as I can". While it may be pointed out that such persons are motivated more by pride and sentiment than by foresight, yet at the same time it should be recognized that they are doing the State and the community a kind of service by assuming this responsibility. Such persons are penalized because they lose the opportunity of getting these children under State care when they are of suitable age for training and when they stand some chance of being admitted to a State School. When these mental defectives later become unmanageable in the home or the parents die leaving the mental defective without adequate care and supervision it is often too late to get these persons under the care of the State because they are neither of suitable age for training nor of sufficiently low grade mentality to be admitted as emergency cases for custodial care.

Problem at Danvers, 1938-1939. That the State Hospitals

actually receive a large proportion of adult mentally deficient is borne out by the following facts: (1) Whereas only 17.5 per cent of the persons reported in 1939 to the Central Registry for Mental Defectives were over 20 years of age[9] 79.8 per cent of the mental defectives admitted to Danvers in 1939-40 were more than 20 years old.[10] (2) Only 4.5 per cent of those reported to the Central Registry were over 40, whereas 29.8 per cent of the Danvers sample were in the corresponding age group. (3) Furthermore, of all agencies reporting to the Central Registry during 1939 the State Hospitals reported 575, the second largest number, and the largest number outside the report of the Traveling School Clinics. This number exceeded even the number reported by the State Schools which was 551.[11] (4) Exactly half of those persons admitted to Danvers were known to the Central Registry prior to this hospital admission and can therefore be considered recognized problems of more than recent discovery. That these persons were also concentrated in the higher age groups is seen in the 65.9 per cent who were over 20 years of age and the 21.2 per cent who were over 40.

Non-Psychotic Defectives. Some may feel that the problem of

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9 Annual Report, op.cit., 1939, p. 118.

10 P. 14a, Table II.

11 Annual Report, op.cit., 1939, p. 116.

admission of non-psychotic mental defectives to State Hospitals is exaggerated since a certain proportion of all persons admitted to State Hospitals are found to be non-psychotic. Let us examine the figures to see whether this assumption is warranted. We find that in 1938 there were 6896 persons admitted to the Massachusetts State Hospitals of whom 1063, or 15.4 per cent, were diagnosed as "without psychosis", or "primary behavior disorder".[12] Yet in Table I[13] we find that of all mental defectives admitted to State Hospitals in 1938, 39.5 per cent were found to be "without psychosis" and over the two year period at Danvers 31.9 per cent were not considered insane. Each of these percentages is more than twice as large as that for all admissions indicating that more non-psychotic mental defectives are sent to State Hospitals for observation than non-psychotic patients in other classifications. If we disregard the diagnosis of mental deficiency entirely and include only the other diagnostic classifications we find that in the whole State only 925 out of 6547 non-feebleminded patients, or 14.1 per cent, were diagnosed as not insane.This shows that the figure of 15.4 per cent, the figure for all admissions, was raised somewhat by the larger proportion

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12 Annual Report, op.cit., 1938, p. 421.

13 p. 13a

of non-psychotic mental defectives.

While the percentage of adult population resident in State Schools is constantly growing, it is largely the result of continued custodial care of patients remaining for many years in the Schools rather than of admission of patients in the older age groups. At the same time the State Hospitals are faced with the problem of disposition of non-psychotic older mental defectives. On September 30, 1938, there were 53 non-psychotic feebleminded patients actually resident in State Hospitals. In the Danvers sample 56.6 per cent of the non-psychotic mental defectives were over 25 years of age and 23.3 per cent were over 40, making their admission to State Schools not only extremely unlikely, but undesirable from the standpoint of the training function of the schools. At the same time it would seem that the 13 non-psychotic patients who were under 25 might well have been in State Schools were it not for inadequate facilities.

A Problem Largely of Adult Mental Defectives. Table XI [14] has shown that of the twelve persons admitted to Danvers State Hospital who had been at any previous time on a State School Waiting List all were under 25 years of age at the time of admission to the hospital, and 75 per cent were between 15 and 25 years of age. However, Table II [15] has

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14 p. 26a
15 p. 14a

shown that of the entire Danvers sample 62.8 per cent were over 25 years of age at the time of admission to the hospital; 29.8 per cent were over 40; while of a total of 280 admissions to State Schools in 1938 only 8.2 per cent were over 25 years of age and only 8 persons, or 3.1 per cent, were over 40.

Cost to the Community. The cost of allowing these adult feebleminded persons to remain at large in the community is great if we consider the economic cost alone and ignore the social price of permitting (1) those who are sexual perverts to corrupt the children in a given neighborhood, and (2) those who are parents to bring up children without adequate guidance. Repeated court appearances, the admissions and readmissions to State Hospitals and other State institutions, the presence on relief rolls of economically maladjusted mental defectives are all an expense to society, which fact needs to be weighed carefully against the cost of providing adequate facilities for the mentally handicapped. A provision to facilitate transfer from one institution to another which would eliminate the cost of discharge, court procedures and recommitments would be advantageous both economically and in the interest of better care for the defective patients.

RECOMMENDATIONS

An Institution Devoted to Custodial Care of Mental Defectives.

Because of the increasing number of adults receiving custodial care in the State Schools, the increasing proportion of lower grade mental defectives admitted to State Schools, and the preponderance of adults among mental defectives admitted to State Hospitals, the problem of custodial care of mental defectives looms large. An additional institution for the mentally deficient, which would provide custodial care and which would be set up to receive patients from existing State Schools, from State Hospitals, from the Division of Mental Deficiency, as well as from the community, might serve several purposes. (1) It would relieve to some extent the crowded conditions in State Schools and release the facilities of these institutions for the training program for which they were originally intended and which is so desperately needed. (2). It would provide accommodations for the care of some adults who are not on a training level and for whose care at present there is no provision except in State Hospitals for the limited few who are too great a menace to be left in the community. (3) It would free the State Hospitals from this particular burden and release these already overcrowded facilities for the treatment of the mentally ill.

Family Care. The placing in Family Care boarding homes of patients in State Schools who need little more than custodial care is a practice which alleviates crowded conditions to a small extent. With increased appropriations for this type

of care many more patients could be cared for outside the present State Schools, which would release facilities for training more persons under the present system.

Community Social Service Supervision. From the economic standpoint alone an increase in the appropriation for community supervision would be a saving both because adjustment to the community is preventative in nature and is preferable in many cases to institutionalization, and because of the small per capita cost of this kind of care.

> The average cost of institutionalization is approximately $450; the average cost of community care is approximately $20 per year. For each individual in one of the State Schools the State should be able to provide community care for twenty-two feebleminded. The implication of this finding is not in the direction of decreasing institutional allotments for the care of the feebleminded, but of increasing the appropriations for community supervision of those who do not now receive attention from the Division of Mental Deficiency. [17]

If extended, some of these services could help mental defectives to adjust while waiting for admission to a State School, some could make easier a community adjustment for those who might never be able to obtain a place even on the waiting list, while in some cases successful adjustment in the community might make admission to an institution unnecessary. Mentally defective wards of the Division of Child Guardianship are sometimes committed to the Division of Mental Deficiency at the age of twenty-one for this type of supervision.

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17 Juvenile Delinquency in Massachusetts as a Public Responsibility, p. 109.

CONCLUSION

Finally, the problem of mental defectives admitted to State Hospitals is not an isolated problem with a simple solution, but is part of a much larger problem with widespread ramifications and can be solved only as the larger problem is met more adequately. At present the lack of facilities for custodial care of mentally deficient persons is overcrowding the State Schools and reducing the facilities for training feebleminded young persons to be self-supporting, thus partially defeating the purpose of early recognition of the mentally handicapped. While the Special Class Program does a great deal for vast numbers of mentally retarded children, in many cases it is not so much academic education that is needed as more intensive vocational training and supervision to enable the mental defective to assume self-support or partial self-support in the community. Meanwhile the problem of the adult feebleminded is all but ignored. At least it has received little concerted planning effort beyond the attempt to train these persons before they reach adulthood. When we cease to confuse segregation with institutionalization and realize the need for separating the facilities for the training program from those for custodial care and if the appropriations for community supervision can be increased to correspond to the importance and effectiveness of this work then the problem of mental defectives in the Commonwealth of

Massachusetts will begin to be more adequately met.

The End

APPENDIX

S C H E D U L E

Name:
Address:

Mo's Name:
Fa's Name:

Diagnosis: Mental Deficiency
with psychosis:
without psych.:

Classification:
I-Q

Central Reg. date:

State School:
Mos.
Days

Waiting List:
How Long?

State Community Supervision:

No.
Age on Adm.
Sex

Date Adm.
Date Visit
Date Disch.
Disposition:

Comm. Prob.

Court Case

Marital Status
S M W D

No. children
No. Previous Adms:
Commit. Sect.

In Hospital:
Mos.
Days

Prev. Adms. & Diagnoses:

Place	Total Time	With P.	Without P.

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